

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1914	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/27/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LAKESHORE HEARTLAND

3025 FERNBROOK LANE
NASHVILLE, TN 37214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation and document review, the facility failed to maintain the physical plant and overall environment.</p> <p>The findings included:</p> <p>1. Document review on 06/27/2017 at 11:55 AM, revealed the facility failed to conduct the annual fire door inspection during 2016. NFPA 101, 4.4.2.1 (2012 Edition) NFPA 101, 8.2.2.4 (2012 Edition) NFPA 80, 5.2.1 (2010 Edition)</p> <p>2. Observation on 06/27/2017 at 12:38 PM, revealed the 2 holes improperly patched in the corridor wall at the 3rd floor elevator. NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>3. Observation on 06/27/2017 at 12:39 PM, revealed a penetration by a low voltage wire not sealed properly in the corridor wall at the 3rd floor elevator. NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>4. Observation on 06/27/2017 at 12:41 PM, revealed a penetration by a low voltage wire not sealed properly above the door to room 309. NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>5. Observation on 06/27/2017 at 12:45 PM, revealed a penetration by a sprinkler pipe not</p>	N 831		<p>8.3.17</p> <p>7.31.17</p> <p>8.3.17</p> <p>8.3.17</p> <p>8.3.17</p> <p>8.3.17</p>

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6099

1W5221

If continuation sheet 1 of 6

POC for N 831

- 1) On 4/6/16 Guardian Alarm Systems completed their annual fire door inspection. On 7/31/17 Guardian Alarm Systems will complete the annual fire door inspection.
- 2) On 7/31/17 director of environmental services will audit the inspection for completion.
- 3) Maintenance assistant or designee will conduct an annual fire door inspection monthly for the next 3 months to ensure compliance.
- 4) The monthly inspection will be audited by Director of Environmental Services or designee until no deficiencies have been found for 3 months. Results will be reported to the facility's QA committee.

POC for N 831 2

- 1) On 8/3/17 Fire Stop will properly patch the 2 holes in the corridor wall at the 3rd floor elevator.
- 2) On 7/24/17 director of environmental services will audit all corridor walls to ensure all corridor walls are properly patched.
- 3) Maintenance assistant or designee will conduct an inspection of corridor walls by the elevator monthly for the next 3 months to ensure compliance.
- 4) The monthly inspection will be audited by Director of Environmental Services or designee until no deficiencies have been found for 3 months. Results will be reported to the facility's QA committee.

POC for N 831 3

- 1) On 8/3/17 Fire Stop will be here to properly seal the low voltage wire in the corridor at the 3rd floor elevator.
- 2) On 7/24/17 director of environmental services will audit all corridor walls to ensure all corridor walls are properly patched.
- 3) Maintenance assistant or designee will conduct an inspection of corridor walls on the 3rd floor by the elevator monthly for the next 3 months to ensure compliance.
- 4) The monthly inspection will be audited by Director of Environmental Services or designee until no deficiencies have been found for 3 months. Results will be reported to the facility's QA committee.

POC for N 831 4

- 1) On 8/3/17 Fire Stop will be here to properly seal the penetration by a low voltage wire above the door to room 309.
- 2) On 7/24/17 director of environmental services will audit all corridor walls to ensure all corridor walls are properly patched.
- 3) Maintenance assistant or designee will conduct an inspection of corridor walls on the 3rd floor monthly for the next 3 months to ensure compliance.
- 4) The monthly inspection will be audited by Director of Environmental Services or designee until no deficiencies have been found for 3 months. Results will be reported to the facility's QA committee.

POC for N 831 5

- 1) On 8/3/17 Fire Stop will be here to properly seal the sprinkler pipe in the wall above room 303
- 2) On 7/24/17 director of environmental services will audit all corridor walls to ensure all corridor walls are properly patched.
- 3) Maintenance assistant or designee will conduct an inspection of penetrations of corridor walls sprinkler pipes on the 3rd floor monthly for the next 3 months to ensure compliance.
- 4) The monthly inspection will be audited by Director of Environmental Services or designee until no deficiencies have been found for 3 months. Results will be reported to the facility's QA committee.

PRINTED: 07/12/2017
FORM APPROVED

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NAME OF PROVIDER OR SUPPLIER LAKE SHORE HEARTLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 3025 FERNBROOK LANE NASHVILLE, TN 37214		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>Continued From page 1</p> <p>sealed properly in the corridor wall above room 303. NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>6. Observation on 06/27/2017 at 12:47 PM, revealed 2 penetrations by insulated water pipes not sealed properly in the corridor wall above the door to 3rd floor shower room. NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>7. Observation on 06/27/2017 at 12:48 PM, revealed the corridor wall was not sealed to the deck at the 3rd floor shower room. NFPA 101, 8.3.6.2 (2012 Edition)</p> <p>8. Observation on 06/27/2017 at 12:49 PM, revealed a penetration by a low voltage wire not sealed properly above the door to room 319. NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>9. Observation on 06/27/2017 at 12:56 PM, revealed the 2 holes improperly patched in the corridor wall at the 4th floor elevator. NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>10. Observation on 06/27/2017 at 12:58 PM, revealed a penetration by a low voltage wire not sealed properly above the door to room 404. NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>11. Observation on 06/27/2017 at 1:00 PM, revealed a penetrations by a metal-clad cable not sealed properly in the corridor wall above the door to 4th floor shower room. NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 06/27/2017.</p>	N 831		<p>8.3.17</p> <p>8.3.17</p> <p>8.3.17</p> <p>8.3.17</p> <p>8.3.17</p>

POC for N 831.6

- 1) On 8/3/17 Fire Stop will be here to properly seal 2 penetrations by the insulated water pipes in the corridor wall above the 3rd floor shower room.
- 2) On 7/24/17 director of environmental services will audit all corridor walls to ensure all corridor walls are properly patched.
- 3) Maintenance assistant or designee will conduct an inspection of penetrations of corridor walls insulated water pipes on the 3rd floor shower room monthly for the next 3 months to ensure compliance.
- 4) The monthly inspection will be audited by Director of Environmental Services or designee until no deficiencies have been found for 3 months. Results will be reported to the facility's QA committee.

POC for N 831 7

- 1) On 8/3/17 Fire Stop will properly seal the corridor wall to the deck at the 3rd floor shower room.
- 2) On 7/24/17 director of environmental services will audit all corridor walls to ensure all corridor walls are properly patched and sealed appropriately.
- 3) Maintenance assistant or designee will conduct an inspection of corridor walls sealed to the deck on the 3rd floor shower room monthly for the next 3 months to ensure compliance.
- 4) The monthly inspection will be audited by Director of Environmental Services or designee until no deficiencies have been found for 3 months. Results will be reported to the facility's QA committee.

POC for N 831 8

- 1) On 8/3/17 Fire Stop will be here to properly seal the corridor wall above the room 319.
- 2) On 7/24/17 director of environmental services will audit all corridor walls to ensure all corridor walls are properly patched and sealed appropriately.
- 3) Maintenance assistant or designee will conduct an inspection of room 319, for all penetrations to be properly sealed, monthly for the next 3 months to ensure compliance.
- 4) The monthly inspection will be audited by Director of Environmental Services or designee until no deficiencies have been found for 3 months. Results will be reported to the facility's QA committee.

POC for N 831 9

- 1) On 8/3/17 Fire Stop will be here to properly seal the 2 holes in the corridor wall at the 4th floor elevator.
- 2) On 7/24/17 director of environmental services will audit all corridor walls to ensure all corridor walls are properly patched and sealed appropriately.
- 3) Maintenance assistant or designee will conduct an inspection of 4th floor elevator area, for all penetrations to be properly sealed, monthly for the next 3 months to ensure compliance.
- 4) The monthly inspection will be audited by Director of Environmental Services or designee until no deficiencies have been found for 3 months. Results will be reported to the facility's QA committee.

POC for N 831 10

- 1) On 8/3/17 Fire Stop will be here to properly seal the low voltage wire above the door to room 404.
- 2) On 7/24/17 director of environmental services will audit all corridor walls to ensure all corridor walls are properly patched and sealed appropriately.
- 3) Maintenance assistant or designee will conduct an inspection of room 404, for all penetrations to be properly sealed, monthly for the next 3 months to ensure compliance.
- 4) The monthly inspection will be audited by Director of Environmental Services or designee until no deficiencies have been found for 3 months. Results will be reported to the facility's QA committee.

POC for N 831 11

- 1) On 8/3/17 Fire Stop will be here to properly the penetration by a metal-clad cable in the corridor wall above the door to 4th floor shower room.
- 2) On 7/24/17 director of environmental services will audit all corridor walls to ensure all corridor walls are properly patched and sealed appropriately.
- 3) Maintenance assistant or designee will conduct an inspection of the shower room on 4th floor, for all penetrations to be properly sealed, monthly for the next 3 months to ensure compliance.
- 4) The monthly inspection will be audited by Director of Environmental Services or designee until no deficiencies have been found for 3 months. Results will be reported to the facility's QA committee.

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NAME OF PROVIDER OR SUPPLIER LAKESHORE HEARTLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 3025 FERNBROOK LANE NASHVILLE, TN 37214		
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N 848	Continued From page 2	N 848		7.24.17	
N 848	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. This Rule is not met as evidenced by: Based on observations, the facility failed to have the required air flow. The findings included: 1. Observation on 6/27/17 at 11:14 AM and 12:15 PM, revealed clean linen closets without positive airflow in the following locations: a. 3rd floor b. 4th floor 2. Observation on 06/27/2017 at 12:15 PM, revealed the 1st floor biohazard closet (patio outside of the dining room) had no negative air pressure. The administrator was present when these deficiencies were identified and were later acknowledged in the exit conference on 6/27/17.	N 848		7.24.17	7.24.17
N1410	1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans.	N1410		8.11.17	

POC for N 848

- 1) On 7/24/17 Wauford will add the positive air flow to 3rd and 4th floor clean linen closets.
- 2) On 7/24/17 director of environmental services will audit the 2 new positive air flow location for completion.
- 3) Maintenance assistant or designee will conduct an inspection, on 3rd and 4th floor clean linen closets, monthly for the next 3 months to ensure compliance.
- 4) The monthly inspection will be audited by Director of Environmental Services or designee until no deficiencies have been found for 3 months. Results will be reported to the facility's QA committee.

POC for N 848 2

- 1) On 7/24/17 Wauford will run a negative air pressure line in the 1st floor biohazard closet.
- 2) On 7/24/17 director of environmental services will audit the new negative air flow location for completion.
- 3) Maintenance assistant or designee will conduct an inspection on 1st floor biohazard closet monthly for the next 3 months to ensure compliance.
- 4) The monthly inspection will be audited by Director of Environmental Services or designee until no deficiencies have been found for 3 months. Results will be reported to the facility's QA committee.

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N1410	<p>Continued From page 3</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Evacuation procedures.</p> <p>This Rule is not met as evidenced by: Based on document review the facility failed to conduct the required disaster preparedness training prior to March.</p> <p>The findings included:</p> <p>Document review on 06/27/2017 at 11:58 AM, revealed the facility failed to conduct the following disaster preparedness trainings prior to March of 2017:</p> <ul style="list-style-type: none"> a. Tornado b. Earthquake c. Flood <p>Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit</p>	N1410		

POC for N 1410

- 1) By 8/11/17 director of environmental services will conduct the Tornado, Earthquake, and Flood disaster preparedness trainings.
- 2) On 8/11/17 director of environmental services will audit the documentation on Tornado, Earthquake, and Flood disaster preparedness trainings for completion.
- 3) Director of environmental services will audit the documentation for the next 3 months for compliance.
- 4) The monthly inspection will be audited by Director of Environmental Services or designee until no deficiencies have been found for 3 months. Results will be reported to the facility's QA committee.

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N1410	Continued From page 4 conference on 06/27/2017.	N1410		
N1411	1200-8-6-14(2)(a)5.(iii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (iii) Bomb Threat Procedures Plan, to be exercised at any time during the year: (I) Staff duties by department and job assignment; and, (II) Search team, searching the premises. This Rule is not met as evidenced by: Based on document review the facility failed to conduct the required disaster preparedness training. The findings included: Document review on 06/27/2017 at 11:58 AM, revealed the facility failed to conduct the bomb threat disaster preparedness training during	N1411		8.11.17

POC for N 1411

- 1) By 8/11/17 director of environmental services will conduct a bomb threat disaster preparedness training.
- 2) On 8/11/17 director of environmental services will audit the documentation on bomb threat disaster preparedness training for completion.
- 3) Director of environmental services will audit the documentation for the next 3 months for compliance.
- 4) The monthly inspection will be audited by Director of Environmental Services or designee until no deficiencies have been found for 3 months. Results will be reported to the facility's QA committee.

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N1411	Continued From page 5 2016. Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 06/27/2017.	N1411			